Hanover Chamber of Commerce P.O. Box 68 / Hanover, Massachusetts 02339-0068 / 781-826-8865

APPLICATION FOR MEMBERSHIP

I/We hereby apply to the Hanover Chamber of Commerce for membership:

_____

BUSINESS OR PROFESSIONAL NAME

_____

MAILING ADDRESS

_____

STREET ADDRESS (IF DIFFERENT)

_____

NAME OF PRINCIPAL OR MANAGER

_____

TELEPHONE NUMBER(S) FAX NUMBER(S)

_____ _____

EMAIL ADDRESS WEBSITE ADDRESS

A Brief Description of Your Business or Professional Practice

_____

_____

_____

_____

Would you like to be contacted when vacancies on committees or boards occur? Yes No
Would you be interested in learning more about hosting an "after-hours" meeting? Yes No

How did you hear about the Hanover Chamber of Commerce?

_____

_____ _____/_____/_____

SIGNED DATE

_____

YOUR CHAMBER SPONSOR

Please mail with your check for $85.00 to:
The Hanover Chamber of Commerce
P.O. Box 68, Hanover, MA 02339-0068

(Dues are for our annual year of May through the following April.
If you are joining at another time, we will contact you about prorating your membership.)